Family Development and Self Sufficiency (FaDSS) Grant Program Annual Report For fiscal years beginning July 1 and ending June 30

GENERAL INSTRUCTIONS

- 1. Please submit the following information utilizing the format provided.
- 2. Use standard size paper (8 ½" by 11")
- 3. Please use no smaller than a 10 pt. font
- 4. The annual report is due September 1 by 1:00 p.m. If September 1 falls on a weekend the report is due the following Monday or if September 1 falls on a holiday the report is due the following day.
- 5. A completed report should be submitted electronically to your Program Manager:

<u>Lorie.Easter@iowa.gov</u> Or Tim.Fitzpatrick@iowa.gov

COVER SHEET - (One Page Maximum)

This is to be the cover of your report. Please include the following headings:

- 1. **Organization's Legal Name**: Enter the official name of the organization. For consortium and multi-organization programs, enter the legal name of the entity with which the contract is prepared.
- 2. **Program's Mailing Address**: Enter the address to which contracts are mailed.
- 3. **Organization Executive Director**: Enter the name of the chief executive officer or director of the organization, and the appropriate e-mail address, telephone and FAX numbers.
- 4. **Fiscal Contact Person**: Enter the name of the program's fiscal officer who will be fiscally responsible for the FaDSS grant, and the appropriate e-mail address, telephone and FAX numbers.

BUDGET SUMMARY:

- Enter the Total Program Costs figure, (FaDSS Contract + Local Funds + In-Kind)
- Enter the FaDSS Contract figure,
- Enter the Local Funds figure
- Enter the In-Kind figure.

Section One: Executive Summary – (One Page Maximum)

Instructions for Completing the Executive Summary

- ✓ Use: Standard size paper (8 1/2" by 11")

 Arial 10 pt. Font (unless directed otherwise)
- ✓ Page limit of one page printed on one side
- ✓ Use block style paragraphs with a single space between paragraphs

Please state the name of the grantee in bold, all capitals, Arial, 14 pt. font, centered at the top of the page

Use the following headings (what is listed in bold print) exactly as they appear.

Service Delivery Area: Refers to the counties you serve. Please list the counties in alphabetically order.

Capacity: Refers to the number of families you have contracted to serve at any one point in time during the year.

Successful Goals: Choose one, two, or three goals of your program that you feel were very successful and discuss the goals and the positive impact on families.

Partnering with Community Agencies: Share a success story from this past year that reflects your FaDSS program working with another agency to make a positive change for the families you serve.

Success with Families: Share a FaDSS family success story from this past year. Include a description of what the FaDSS program did to assist the family towards this success.

For More Information Contact: Identify the person (by listing their name and job title) that could be called if someone reading the report has questions or needs additional information. This may be the Coordinator or the Executive Director. List the contact person's mailing address, including street address, city, state and zip code. List the contact person's phone and fax numbers including area code. List the contact person's electronic mail address

Section Two: Program Progress Summary - (Five Page Maximum)

In a narrative format or bulleted outline format, complete this section to reflect the accomplishments of your program during the year.

- Discuss in this section each of the chosen domains from section seven of the FaDSS Renewal grant application. Highlight how the program did in accomplishing each plan as outline in the renewal grant application
- Summarize the lesson learned of your program over the past year and how you will incorporate this into the coming year.
- Discuss how you included input from the families you serve into your program design and evaluation.
- Also address other program outcomes you may have experienced that were not necessarily tracked on the activity report. Address any unexpected or particularly satisfying successes.

Section Three: Community Partnerships (No Page Maximum)

The following definitions are to be used in completing the table below.

Partners: the people, agencies, organizations (both public and private) who potentially have a role to play in affecting a result.

- 1. Communication: There is a process for the exchange of information and common understanding.
- **2. Contribution:** There are mutual exchanges through which partners help each other by providing some of the resources and support needed to reach their independent goals.
- **3.** Coordination: There is a deliberate, joint, often formalized relationship among partners involving communication, planning and division of roles, and longer-term goals.
- **4. Cooperation:** There is a defined relationship in which partners plan together, negotiate mutual roles and share resources to achieve joint goals.
- **5. Collaboration:** Partners engage in a process through which they constructively build an interdependent system which includes a common mission, comprehensive communication and planning, pooled resources, and shared risks and products.

List below all partners with whom your FaDSS program works. Based on the above definitions, after each partner, indicate your perception of the level of partnership that currently exists. Examples of partners include: local businesses, public and private schools, medical clinics, dental clinics, substance abuse treatment facilities, etc. Some partners have been listed for you. You must address these partners. Please write, "not applicable" in the comment section if this partner is not available in your area. You may duplicate the second page as needed.

Partner	1	2	3	4	5	Comments
PROMISE JOBS						
DHS – IM						
DHS – Services						
HOPES						
Work Place Essentials						
Social Security						
Vocational Rehabilitation						
Head Start / Early Head Start						
Parents As Teachers						
Early Childhood Iowa						

Partner	1	2	3	4	5	Comments

Section Five: Additional Information (No Page Maximum)

Required Information:

Please provide information regarding the uses of third party or direct assistance funds.

Optional Information:

You may want to share information about the other program services and activities discussed in the grant that have not been covered in any other area of the annual report. There may be program services or activities provided during the year which were not specifically planned. These services and activities can be reported here.

You may attach copies of newsletters, program flyers, minutes of advisory committee meetings and statistical reports developed during the program year.